Case 16-50893-btb Doc 1 Entered 07/18/16 17:44:02 Page 1 of 39

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF NEVADA, RENO DIVISION		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amende filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for	MAHLON First name	 First name
	example, your driver's license or passport).	Middle name	 Middle name
	Bring your picture identification to your meet with the trustee.	TETER Last name and Suffix (Sr., Jr., II, III)	 Last name and Suffix (Sr., Jr., II, III)
2.	All other names you hav	WAHLON R TETER MAHLON RILEY FRANCIS TETER	
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4772	

Debtor 1 **TETER, MAHLON**

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	732 BOWLES LANE	If Debtor 2 lives at a different address:			
		GARDNERVILLE, NV 89460-8119 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		,	Number, Street, City, State & Zir Code			
		Douglas County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Der	TETER, MAHLON							
Par	t 2: Tell the Court About	our Bankruptcy	Case					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	Chapter 7						
		☐ Chapter 11						
		☐ Chapter 12						
		☐ Chapter 13						
8.	How you will pay the fee	about how If your att	v you may pay. Typic	cally, if you are paying the fee yours	with the clerk's office in your local court for more lif, you may pay with cash, cashier's check, or r torney may pay with a credit card or check with	money order.		
					sign and attach the Application for Individuals to	o Pay The		
		I request not require your famile	ed to, waive your fee ly size and you are u	ved (You may request this option on, and may do so only if your income	nly if you are filing for Chapter 7. By law, a judge is less than 150% of the official poverty line that. If you choose this option, you must fill out the and file it with your petition.	at applies to		
9.	Have you filed for							
	bankruptcy within the last	■ No.						
	8 years?	☐ Yes.		•••				
		Dist		When	Case number			
		Dist Dist		When When	Case number Case number			
		Dist		when	Case number			
10.	Are any bankruptcy cases pending or being filed by	■ No						
	a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
		Deb	tor		Relationship to you			
		Dist	rict	When	Case number, if known			
		Deb			Relationship to you			
		Dist	rict	When	Case number, if known			
11.	Do you rent your	■ No. Go	to line 12.					
	residence?	☐ Yes. Ha	s your landlord obtai	ned an eviction judgment against yo	u and do you want to stay in your residence?			
			No. Go to line	12.				
			Yes. Fill out <i>Init</i> bankruptcy peti		dgment Against You (Form 101A) and file it with	h this		

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Der	TETER, WAHLON				Case number (if known)
Par	Report About Any Bus	sinesses \	ou Own	as a Sole Proprieto	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	e and location of bus	siness
	A sole proprietorship is a				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach it		Numb	per, Street, City, Stat	te & ZIP Code
	to this petition.		Chec	k the appropriate bo	x to describe your business:
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				Commodity Broker	r (as defined in 11 U.S.C. § 101(6))
				None of the above	•
Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach you			court must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of ideral income tax return or if any of these documents do not exist, follow the procedure in 11		
	For a definition of small	■ No.	I am ı	not filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
	Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in				11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Anv	Hazardo	us Property or Any	Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			• •
	property that poses or is alleged to pose a threat of				
	imminent and identifiable hazard to public health or	☐ res.	What is	the hazard?	
	safety? Or do you own any property that needs immediate attention?			diate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	
					Number, Street, City, State & Zip Code

Debtor 1 TETER, MAHLON

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 TETER, MAHLON			Case numbe	(if known)			
Par	t 6: Answer These Question	ons for Rep	orting Purposes					
16.	What kind of debts do you have?		Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
			Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c	State the type of debts you ow	ve that are not consumer debts or business of	debts			
17.	Are you filing under Chapter 7?	□ No.	am not filing under Chapter	7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and		I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	administrative expenses are paid that funds will be available for distribution to unsecured creditors?		■ No					
			□ Yes					
18.	How many Creditors do	1 -49		1 ,000-5,000	1 25,001-50,000			
	you estimate that you owe?	□ 50-99		5001-10,000	50,001-100,000			
		100-19		□ 10,001-25,000	☐ More than100,000			
		□ 200-99	9 					
19.	How much do you	□ \$0 - \$50	0,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?		1 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
			01 - \$500,000 01 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
		— \$500,00) i - ֆ i i i i i i i i i i i i i i i i i					
20.	How much do you	□ \$0 - \$50		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?		1 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion			
			01 - \$500,000 01 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
		— \$300,00	71 - \$1 IIIIIIOII		***************************************			
Par	7: Sign Below							
For	you	I have exar	nined this petition, and I decla	are under penalty of perjury that the information	on provided is true and correct.			
		If I have ch States Coo	nosen to file under Chapter 7 le. I understand the relief avai	, I am aware that I may proceed, if eligible, lable under each chapter, and I choose to pr	under Chapter 7, 11,12, or 13 of title 11, United oceed under Chapter 7.			
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request re	elief in accordance with the c	chapter of title 11, United States Code, spec	cified in this petition.			
			esult in fines up to \$250,000,	concealing property, or obtaining money or proor imprisonment for up to 20 years, or both.	roperty by fraud in connection with a bankruptcy 18 U.S.C. §§ 152, 1341, 1519, and 3571.			
		MAHLON		Signature of Debto	r 2			
		Executed of	<u> </u>	Executed on				
			MM / DD / YYYY	MM	/DD/YYYY			

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Debtor 1	TETER, MAHLON	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Patricia Hadfield	Date	July 18, 2016
Signature of Attorney for Debtor		MM / DD / YYYY
Patricia Hadfield		
Printed name		
Bankruptcy Law Group, PC		
Firm name		
1851 Heritage Ln Ste 298		
Sacramento, CA 95815-4923		
Number, Street, City, State & ZIP Code		
Contact phone (775) 827-9600	Email address	patriciah@bankruptcylg.com
10890		
Bar number & State		

Certificate Number: 15317-NV-CC-027744404



CERTIFICATE OF COUNSELING

I CERTIFY that on <u>July 13, 2016</u>, at <u>9:21</u> o'clock <u>AM PDT</u>, <u>Mahlon Teter</u> received from <u>Access Counseling</u>, <u>Inc.</u>, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the <u>District of Nevada</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: July 13, 2016 By: /s/Eric Reyes

Name: Eric Reyes

Title: Certified Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

		Case 10-5089.	3-DID DOC 1	Elifelen 01/19/10 1	.7.44.02 Paye 9	01 39	
Fill	in this informati	on to identify your ca	se:				
Deb	otor 1	MAHLON TETER					
Dob	otor 2	First Name	Middle Name	Last Name	}		
		First Name	Middle Name	Last Name			
Unit	ted States Bankru	uptcy Court for the:	DISTRICT OF NEVAL	A, RENO DIVISION			
Cas	e number						
(if kn	own)						k if this is an
						amen	ded filing
Of:	ficial Form	106Sum					
		<u>n 106Sum</u> Your Assets ar	nd I iahilities a	nd Certain Statisti	cal Information		12/15
				are filing together, both are			
				he information on this form. k the box at the top of this p		schedule	s after you file
Pari		e Your Assets			-9		
ı an	Cummanz	e rour Assets				V	
						Your a	ssets of what you own
1.	Schedule A/B:	Property (Official Form	n 106A/B)				007.054.00
	1a. Copy line 55	5, Total real estate, fror	n Schedule A/B			\$	207,954.00
	1b. Copy line 62	2, Total personal prope	rty, from Schedule A/E			\$	14,119.00
	1c. Copy line 63	3, Total of all property o	n Schedule A/B			\$	222,073.00
Part	2: Summariz	e Your Liabilities					
							abilities
						Amoun	t you owe
2.		<i>editors Who Have Clain</i> tal you listed in Column		 (Official Form 106D) he bottom of the last page of Page 	art 1 of Schedule D	\$	180,000.00
3.	Schedule E/F: 0	Creditors Who Have Un	secured Claims (Officia	al Form 106E/F)			
	3a. Copy the to	otal claims from Part 1 (priority unsecured clai	ms) from line 6e &chedule E/F	=	\$	0.00
	3b. Copy the to	otal claims from Part 2 (nonpriority unsecured	claims) from line 6j of chedule	E/F	\$	19,690.00
					Your total liabilities	¢	400 000 00
					rour total habilities	Ψ	199,690.00
Part	t 3: Summariz	ze Your Income and E	kpenses				
4.	Schedule I: You	ur Income(Official Form	1061)				
				I		\$	2,339.63
5.	Schedule J: You Copy your month	ur Expenses (Official Fo	orm 106J) 22c of <i>Schedule J</i>			\$	2,465.00
Part	4: Answer Ti	hese Questions for Ac	Iministrative and Sta	istical Records			
6.		or bankruptcy under	• • • •				
	☐ No. You ha	ave nothing to report on	this part of the form. C	neck this box and submit this fo	orm to the court with your ot	her schedu	lles.
_	Yes						
7.	What kind of d	ebt do you have?					
				debts are those "incurred by are stical purposes. 28 U.S.C§ 159		ersonal, far	mily, or household

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 **TETER, MAHLON** Case number (if known)

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_______2,477.15

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clair	n
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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	Case 10	-30093-010		Lintered 07/10/10 17:44.0	JZ Fage 1	.1 01 3	9
Fill in this informa	ation to identi	fy your case and thi	s filing:				
Debtor 1	MAHLON	TETER					
	First Name		Name	Last Name	 }		
Debtor 2 (Spouse, if filing)	First Name	Middle	Name	Last Name			
United States Banl	kruptcy Court f	or the: DISTRICT	OF NEV	/ADA, RENO DIVISION			
					<u> </u>	_	_
Case number							Check if this is an amended filing
		_					
Official For	<u>m 106A/</u>	<u>B</u>					
Schedule	A/B: F	Property					12/15
think it fits best. Be information. If more Answer every questi	as complete an space is needed on.	d accurate as possible d, attach a separate sh	e. If two recent to the	only once. If an asset fits in more than one c married people are filing together, both are ec is form. On the top of any additional pages, v Estate You Own or Have an Interest In	qually responsible	for suppl	ying correct
1. Do you own or ha	ve any legal or	equitable interest in ar	ny reside	ence, building, land, or similar property?			
☐ No. Go to Part 2	2						
Yes. Where is t							
1.1 732 BOWL I	EQ I ANE		What	is the property? Check all that apply Single-family home			is or exemptions. Put
	available, or other	description		Duplex or multi-unit building			laims on Schedule D: Secured by Property.
Officer address, if	available, or other	accomplian		Condominium or cooperative			, , ,
				Manufactured or mobile home			
GARDNER'	VILLE NV	89460-8119		Land	Current value of entire property?		Current value of the portion you own?
City	State	e ZIP Code		Investment property	\$207,95	4.00	\$207,954.00
				Timeshare Other		ole, tenan	r ownership interest cy by the entireties, or
			Who	has an interest in the property? Check one Debtor 1 only	Fee Simple	iowii.	
Douglas			_	Debtor 2 only			
County				Debtor 1 and Debtor 2 only	Observate is stated		
				At least one of the debtors and another	(see instruction		unity property
				r information you wish to add about this item	, such as local		
				erty identification number:			
			Res	idence			
				our entries from Part 1, including any er			\$207,954.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Debt	or 1 <u>T</u>	ETER, MA	HLON		Case number (if known)	
3. C a	ırs, vans,	trucks, tract	tors, sport utility veh	nicles, motorcycles		
п	No					
_	Yes					
_	163					
3.1	Make:	Hyundai		Who has an interest in the property? Check one		eured claims or exemptions. Put
	Model:	Elantra		■ Debtor 1 only		secured claims on Schedule D: ve Claims Secured by Property.
	Year:	2014		Debtor 2 only	Current value of	
	Approxin	nate mileage:	27010	Debtor 1 and Debtor 2 only	entire property?	portion you own?
		ormation:		At least one of the debtors and another		
	Will St	ırrender		☐ Check if this is community property	\$11,809	3.00 \$11,809.00
				(see instructions)		
□ 5 A				n for all of your entries from Part 2, including mber here		\$11,809.00
Part	3: Descri	be Your Perso	onal and Household Ite	ems		
Do y	ou own o	r have any l	egal or equitable into	erest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
E			urnishings ces, furniture, linens, o	china, kitchenware		
	i ies. Des	SCHDe	Household Goo	nds		\$1,000.00
				<u></u>		
E		including cell	nd radios; audio, video I phones, cameras, m	, stereo, and digital equipment; computers, printe edia players, games	ers, scanners; music collec	·
			Electronics			\$50.00
E		Antiques and collections, n	figurines; paintings, p nemorabilia, collectibl	rints, or other artwork; books, pictures, or other a es	rt objects; stamp, coin, or	baseball card collections; other
E	xamples: S	instruments		other hobby equipment; bicycles, pool tables, go	olf clubs, skis; canoes and	kayaks; carpentry tools; musical
	Yes. Des	scribe				
_	irearms Examples:	Pistols, rifles	s, shotguns, ammunit	ion, and related equipment		

Official Form 106A/B Schedule A/B: Property page 2

☐ Yes. Describe.....

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Debtor 1	TETER, MA	HLON		Case r	number (if known)	
1. Clothe						
Exam _l □ No	oles: Everyday clo	othes, furs	s, leather coats, designer w	ear, shoes, accessories		
	Describe					
— 163.	Describe	Clothi	ina			\$100.00
			9			
2. Jewelr	.,					
		welry, cost	tume jewelry, engagement	rings, wedding rings, heirloom jewelry, watc	hes, gems, gold, sil	ver
☐ No						
Yes.	Describe					
		Jewel	ry			\$20.00
Exam _l □ No -	rm animals bles: Dogs, cats, Describe	birds, hor	ses			
		Dog				\$100.00
14. Any ot	her personal an	d houser	nold items you did not all	eady list, including any health aids you	did not list	
■ No	•		•			
☐ Yes.	Give specific inf	ormation				
15. Add 1	the dollar value	of all of y	our entries from Part 3,	ncluding any entries for pages you hav	e attached for	
Part :	3. Write that nur	nber here	÷			\$1,270.00
					L	
Part 4: De	scribe Your Finar	ncial Asset	ts			
Do you ov	vn or have any I	egal or e	quitable interest in any o	f the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6. Cash <i>Exam</i> ☐ No	oles: Money you h	nave in you	ur wallet, in your home, in a	safe deposit box, and on hand when you fi	le your petition	
Yes						
— 100.					ab Hand	#0.00
					sh Hand	\$8.00
17. Depos Exam _l □ No	its of money oles: Checking, s	avings, or	other financial accounts; c			
17. Depos Exam _l □ No	its of money bles: Checking, s institutions.	avings, or	other financial accounts; c ve multiple accounts with t	ertificates of deposit; shares in credit union the same institution, list each. Institution name:		
7. Depos Exam _l □ No	its of money bles: Checking, s institutions.	avings, or	other financial accounts; c ve multiple accounts with t	Ca ertificates of deposit; shares in credit union the same institution, list each.		s, and other similar
17. Depos Exam _l □ No	its of money bles: Checking, s institutions.	avings, or . If you ha	other financial accounts; c ve multiple accounts with t	ertificates of deposit; shares in credit union the same institution, list each. Institution name:		s, and other similar
7. Depos Exam _l □ No	its of money bles: Checking, s institutions.	avings, or . If you ha	other financial accounts; c ve multiple accounts with t Checking Account	ertificates of deposit; shares in credit union the same institution, list each. Institution name: Wells Fargo Checkin & Savings		s, and other similar
7. Depos Exam _l □ No	its of money bles: Checking, s institutions.	avings, or . If you ha	other financial accounts; c ve multiple accounts with t Checking Account	ertificates of deposit; shares in credit union the same institution, list each. Institution name:		s, and other similar
17. Depos Exam _l □ No	its of money bles: Checking, s institutions.	avings, or . If you ha 17.1.	other financial accounts; c ve multiple accounts with t Checking Account	ertificates of deposit; shares in credit union the same institution, list each. Institution name: Wells Fargo Checkin & Savings		s, and other similar
7. Depos Exam _l □ No	its of money bles: Checking, s institutions.	avings, or . If you had 17.1.	cother financial accounts; cover multiple accounts with the count of t	ertificates of deposit; shares in credit union the same institution, list each. Institution name: Wells Fargo Checkin & Savings USAA Checking & Savings	s, brokerage houses	\$26.00
7. Depos Exam _l □ No	its of money bles: Checking, s institutions.	avings, or . If you ha 17.1.	cother financial accounts; cover multiple accounts with the count of t	ertificates of deposit; shares in credit union the same institution, list each. Institution name: Wells Fargo Checkin & Savings	s, brokerage houses	\$26.00
17. Depos Exam _l □ No	its of money bles: Checking, s institutions.	avings, or . If you had 17.1.	cother financial accounts; cover multiple accounts with the count of t	ertificates of deposit; shares in credit union the same institution, list each. Institution name: Wells Fargo Checkin & Savings USAA Checking & Savings	s, brokerage houses	\$26.00
17. Depos Exam _l □ No ■ Yes.	its of money ples: Checking, s institutions.	avings, or . If you had 17.1. 17.2. 17.3. or public	Checking Account Checking Account Checking Account	ertificates of deposit; shares in credit union the same institution, list each. Institution name: Wells Fargo Checkin & Savings USAA Checking & Savings Bank of America Checking & Sav	s, brokerage houses	\$26.00
17. Depos Exam _l □ No ■ Yes.	its of money ples: Checking, s institutions.	avings, or . If you had 17.1. 17.2. 17.3. or public	Checking Account Checking Account Checking Account	ertificates of deposit; shares in credit union the same institution, list each. Institution name: Wells Fargo Checkin & Savings USAA Checking & Savings	s, brokerage houses	\$26.00
17. Depos Exam _l □ No ■ Yes. 18. Bonds Exam _l ■ No	its of money ples: Checking, s institutions.	avings, or . If you had 17.1. 17.2. 17.3. or public	Checking Account Checking Account Checking Account	ertificates of deposit; shares in credit union the same institution, list each. Institution name: Wells Fargo Checkin & Savings USAA Checking & Savings Bank of America Checking & Savings	s, brokerage houses	\$8.00 s, and other similar \$26.00 \$6.00 \$400.00

Official Form 106A/B Schedule A/B: Property page 3

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De	ebtor 1	TETER, MAH	LON		Case number (if known)	
19.	Non-pu joint vo ■ No	•	ck and interests in incorporate	d and unincorporated businesses,	including an interest in an	LLC, partnership, and
		Give specific info	rmation about them Name of entity:		% of ownership:	
20.	Negotia Non-ne ■ No	able instruments in egotiable instrumer	nclude personal checks, cashiers' nts are those you cannot transfer	e and non-negotiable instruments checks, promissory notes, and mone to someone by signing or delivering th		
	⊔ Yes. (Give specific inforr	mation about them Issuer name:			
21.		nent or pension a bles: Interests in IR), thrift savings accounts, or other pe	nsion or profit-sharing plans	;
	■ Yes. I	List each account :	separately. Type of account: 401(k) or Similar Plan	Institution name: 401K through Employer		\$600.00
22.	Your st		deposits you have made so that you	ou may continue service or use from a utilities (electric, gas, water), telecom		others
	■ No □ Yes.			Institution name or individual:		
23.	Annuiti No	es (A contract for	a periodic payment of money to yo	ou, either for life or for a number of yea	ars)	
	☐ Yes	lss	uer name and description.			
24.			n IRA, in an account in a qualific 29A(b), and 529(b)(1).	ed ABLE program, or under a quali	fied state tuition program.	
	☐ Yes	Ins	titution name and description. Sep	parately file the records of any interest	s.11 U.S.C. § 521(c):	
25.	Trusts, ■ No	equitable or futu	re interests in property (other	than anything listed in line 1), and	rights or powers exercisal	ole for your benefit
		•	rmation about them			
26.			demarks, trade secrets, and oth in names, websites, proceeds from	ner intellectual property m royalties and licensing agreements		
	☐ Yes.	Give specific info	rmation about them			
27.			nd other general intangibles its, exclusive licenses, cooperative	e association holdings, liquor licenses	, professional licenses	
		Give specific info	rmation about them			
M	oney or _l	property owed to	you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	_	unds owed to you	u			
	■ No □ Yes.	Give specific inforr	mation about them, including wher	ther you already filed the returns and t	he tax years	
29.	Examp ■ No	support les: Past due or lu Give specific inforr		ort, child support, maintenance, divord	ce settlement, property settle	ement
		5 5 5 5 5 111 6 11 11 6 11				

Official Form 106A/B Schedule A/B: Property page 4

Del	btor 1	TETER, MAHLON	Case number (if known)	
	Exam _l	amounts someone owes you ples: Unpaid wages, disability insurance p unpaid loans you made to someon	payments, disability benefits, sick pay, vacation pay, workers' compensa se else	tion, Social Security benefits;
	■ No □ Yes.	Give specific information		
_		sts in insurance policies ples: Health, disability, or life insurance; h	nealth savings account (HSA); credit, homeowner's, or renter's insurance	
[☐ Yes.	Name the insurance company of each po Company name:		Surrender or refund value:
ı	If you died. No	terest in property that is due you from are the beneficiary of a living trust, expect Give specific information	n someone who has died t proceeds from a life insurance policy, or are currently entitled to receive	property because someone has
ı	Exam _i ■ No	s against third parties, whether or not ples: Accidents, employment disputes, ir	you have filed a lawsuit or made a demand for payment nsurance claims, or rights to sue	
34.			every nature, including counterclaims of the debtor and rights to	set off claims
_		Describe each claim		
35.	Any fir	nancial assets you did not already list		
	No			
[☐ Yes.	Give specific information		
36.			rom Part 4, including any entries for pages you have attached for	\$1,040.00
Par	t 5: De	escribe Any Business-Related Property You	u Own or Have an Interest In. List any real estate in Part 1.	
37. I	Do you	own or have any legal or equitable interest	t in any business-related property?	
	No. G	o to Part 6.		
	Yes. (Go to line 38.		
Par		escribe Any Farm- and Commercial Fishing you own or have an interest in farmland, list it	g-Related Property You Own or Have an Interest In. in Part 1.	
46.	■ No.	Go to Part 7.	nterest in any farm- or commercial fishing-related property?	
	⊔ Yes	s. Go to line 47.		
Par	t 7:	Describe All Property You Own or Have	an Interest in That You Did Not List Above	
_		a have other property of any kind you ples: Season tickets, country club memb		
_	_	Give specific information		

Official Form 106A/B Schedule A/B: Property page 5

\$0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here

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Debto	or 1 TETER, MAHLON			Case number (if known)	
Part 8	List the Totals of Each Part of this Form				
55. F	Part 1: Total real estate, line 2				\$207,954.00
56. F	Part 2: Total vehicles, line 5		\$11,809.00		
57. F	Part 3: Total personal and household items, line 15		\$1,270.00		
58. F	Part 4: Total financial assets, line 36		\$1,040.00		
59. F	Part 5: Total business-related property, line 45		\$0.00		
60. F	Part 6: Total farm- and fishing-related property, line 52		\$0.00		
61. F	Part 7: Total other property not listed, line 54	+	\$0.00		
62.	Total personal property. Add lines 56 through 61	_	\$14,119.00	Copy personal property total	\$14,119.00
63. 1	Total of all property on Schedule A/B. Add line 55 + line 62				\$222,073.00

Official Form 106A/B Schedule A/B: Property page 6

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HII	Lin this inform	ation to identify your	2260			I
	ebtor 1	MAHLON TETER				
De	EDIOI I	First Name	Middle Name	ı	Last Name	}
	ebtor 2 ouse if, filing)	First Name	Middle Name	ı	Last Name	
		kruptcy Court for the:	DISTRICT OF NEVADA, RE	NO D	DIVISION	
		., .,	· · · · · · · · · · · · · · · · · · ·			
	nse number					☐ Check if this is an amended filing
Oí	fficial For	m 106C				
			operty You Cla	im	as Exempt	4/16
orop out	perty you listed o	on Schedule A/B: Prope	erty (Official Form 106A/B) as yo	our sou	r, both are equally responsible for supurce, list the property that you claim arary. On the top of any additional pages	plying correct information. Using the s exempt. If more space is needed, fill s, write your name and case number (if
spe app fun- to a	ecific dollar ame dicable statuto ds—may be un	ount as exempt. Alterr ry limit. Some exempt Ilimited in dollar amou lar amount and the val	natively, you may claim the fu ions—such as those for heal int. However, if you claim an	ıll fair th aid exem	s, rights to receive certain benefits	g exempted up to the amount of any s, and tax-exempt retirement under a law that limits the exemptior
Pa	rt 1: Identify	the Property You Cla	im as Exempt			
1.	Which set of	exemptions are you cl	aiming? Check one only, even	if you	ır spouse is filing with you.	
	You are clai	ming state and federal r	onbankruptcy exemptions. 11	U.S.C	C. § 522(b)(3)	
	☐ You are clai	ming federal exemptions	s. 11 U.S.C. § 522(b)(2)			
2.	For any prope	erty you list on Sched	ule A/B that you claim as exe	mpt, f	fill in the information below.	
		on of the property and line that lists this property	e on Current value of the portion you own Copy the value from Schedule A/B	portion you own Copy the value from Check only one box for each exemption.		Specific laws that allow exemption
	DOM:		\$207,954.00		\$550,000.00	Nev. Rev. Stat. Ann. §§
	732 BOWLE GARDNERV County : Do Line from Sche	/ILLE NV, 89460-81 ouglas	19		100% of fair market value, up to any applicable statutory limit	21.090(1)(I), 115.050
	Household		\$1,000.00		\$1,000.00	Nev. Rev. Stat. Ann. § 21.090(1)(b)
	Line from Sche	edule A/B. G. I			100% of fair market value, up to any applicable statutory limit	21.090(1)(b)
	Electronics		\$50.00		\$50.00	Nev. Rev. Stat. Ann. §
	Line from Sche	edule A/B: 7.1		_	100% of fair market value, up to	21.090(1)(b)
					any applicable statutory limit	
	Clothing Line from Sche	edule A/B: 11.1	\$100.00		\$100.00	Nev. Rev. Stat. Ann. § 21.090(1)(b)
					100% of fair market value, up to any applicable statutory limit	,
	Jewelry		\$20.00		\$20.00	Nev. Rev. Stat. Ann. §

Official Form 106C

\$20.00

\$20.00

100% of fair market value, up to any applicable statutory limit

21.090(1)(a)

Line from Schedule A/B: 12.1

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	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Dog Line from Schedule A/B 13.1	\$100.00		\$100.00	Nev. Rev. Stat. Ann. § 21.090(1)(b)
	Line Irom Scriedule A/B. 13.1			100% of fair market value, up to any applicable statutory limit	21.090(1)(b)
	Cash Hand Line from Schedule A/B 16.1	\$8.00		\$8.00	Nev. Rev. Stat. Ann. § 21.090(1)(g)
	Line Holli ochledate AVIZ 10:1			100% of fair market value, up to any applicable statutory limit	21.000(1)(9)
	Wells Fargo Checkin & Savings Line from Schedule A/B 17.1	\$26.00		\$26.00	Nev. Rev. Stat. Ann. § 21.090(1)(g)
	Line Holli oo, loogie 702.			100% of fair market value, up to any applicable statutory limit	21.000(1)(9)
	USAA Checking & Savings Line from Schedule A/B 17.2	\$6.00		\$6.00	Nev. Rev. Stat. Ann. § 21.090(1)(g)
	Line Holli Genedate AVE. 11.2			100% of fair market value, up to any applicable statutory limit	21.000(1)(9)
	Bank of America Checking & Savings	\$400.00		\$400.00	Nev. Rev. Stat. Ann. § 21.090(1)(g)
	Line from Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit	11.000(1)(9)
	401K through Employer Line from Schedule A/B: 21.1	\$600.00		\$600.00	Nev. Rev. Stat. Ann. § 21.090(1)(r)
	Zine nem es/nedale / v Z Zini			100% of fair market value, up to any applicable statutory limit	2
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3			on or after the date of adjustment.)	
	□ No				
	Yes. Did you acquire the property covered	d by the exemption withir	า 1,21	5 days before you filed this case?	
	■ No				
	☐ Yes				

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0030 10 000	500 Btb B001 Entered	01710710	11.44.02	- ugc 13 01 03	
Fill in this information to identify you	ır case:				
Debtor 1 MAHLON TETE				.	
First Name	Middle Name Las	st Name		}	
Debtor 2 (Spouse if, filing) First Name	Middle Name Las	st Name			
United States Bankruptcy Court for the:	DISTRICT OF NEVADA, RENO DIV	/ISION			
Officed States Bankrupicy Court for the	DIOTRIOT OF NEVADA, RENO DIV	101014			
Case number					
(if known)				_	if this is an led filing
				ameno	lea illing
Official Form 106D					
Schedule D: Creditors	s Who Have Claims Se	cured b	y Propert	V	12/15
	If two married people are filing together, bo t, number the entries, and attach it to this fo				
1. Do any creditors have claims secured by	y your property?				
\square No. Check this box and submit th	is form to the court with your other schedu	ules. You have	e nothing else to re	port on this form.	
Yes. Fill in all of the information b	pelow.				
Part 1: List All Secured Claims					
2. List all secured claims. If a creditor has i	more than one secured claim, list the creditor s	separately	Column A	Column B	Column C
for each claim. If more than one creditor has much as possible, list the claims in alphabeti	s a particular claim, list the other creditors in Pa cal order according to the creditor 's name.	1	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Ally Financial Creditor's Name	Describe the property that secures the cl	aim:	\$25,000.00	\$11,809.00	\$13,191.00
PO Box 380905 Bloomington, MN 55438-0905 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	2014 Hyundai Elantra Sport 4dr Sedan (2.0L 4cyl 6A) Will Surrender As of the date you file, the claim is: Check apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortg car loan) Statutory lien (such as tax lien, mechanic Judgment lien from a lawsuit Other (including a right to offset)	all that			
Date debt was incurred	Last 4 digits of account number	8891			
	-				
Dovenmuehle Mortgage			¢4 <i>EE</i> 000 00	¢207.054.00	¢0.00
Creditor's Name	732 BOWLES LANE,	aim:	\$155,000.00	\$207,954.00	\$0.00
1 Corporate Dr Ste 360 Lake Zurich, IL 60047-8945	GARDNERVILLE, NV 89460-811 Residence As of the date you file, the claim is: Check apply. Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
Debtor 1 only	☐ An agreement you made (such as mortg	age or secured			
Debtor 2 only	car loan)	5			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic	c's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit	•			
☐ Check if this claim relates to a	Other (including a right to offset)				
community debt					
Date debt was incurred	Last 4 digits of account number	8591			

Schedule D: Creditors Who Have Claims Secured by Property

Official Form 106D

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Debtor 1	MAHLON TE	ETER		Case number (if know)	
	First Name	Middle Name	Last Name		
Add the d	ollar value of you	r entries in Column A on thi	s page. Write that number here:	\$180,000.00	
	ne last page of you	ur form, add the dollar value	e totals from all pages.	\$180,000.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

		Case 10-5089	3-010 L)OC 1	Enter	eu 07/18	5/ TO	17.44.02	Paţ	je zi o	1 39
Fill in t	his informat	tion to identify your c	ase:								
Debtor	1	MAHLON TETER									
Dobioi		First Name	Middle N	Name		Last Name			— }		
Debtor	2										
(Spouse i	if, filing)	First Name	Middle N	Name		Last Name					
United	States Bankı	ruptcy Court for the:	DISTRICT	OF NEVA	DA, RENO	DIVISION			_ (
Case n	umber								}		
(if known))			_							Check if this is an
											amended filing
Offici	al Form	106E/E									
		F: Creditors W	ha Hava	Linco	aurad	Claima					10/15
											12/15 aims. List the other party to
Schedule D: Credit the Cont	e G: Executor tors Who Hav inuation Page mber (if know	ry Contracts and Unexpi e Claims Secured by Pr e to this page. If you hav n).	red Leases (O operty. If more re no informati	fficial For e space is ion to rep	m 106G). De needed, co	o not include a	any cr ou nee	reditors with par ed, fill it out, num	tially sec	ured claim entries in tl	cial Form 106A/B) and on s that are listed in Schedule ne boxes on the left. Attach es, write your name and
Part 1:		of Your PRIORITY Un									
_	•	have priority unsecured	d claims again	st you?							
1	No. Go to Part	2.									
	Yes.										
Part 2:	List All c	of Your NONPRIORITY	/ Unsecured	Claims							
3. Do a	any creditors	have nonpriority unsec	ured claims aç	gainst you	?						
	No. You have	nothing to report in this pa	art. Submit this	form to the	court with	our other sche	edules				
	Yes.										
unse	ecured claim, l	onpriority unsecured cla list the creditor separately holds a particular claim, li	for each claim.	. For each	claim listed,	identify what t	type of	claim it is. Do no	t list clain	ns already ii	
											Total claim
4.1	Capital O	ne		Last 4 d	igits of acc	ount number	78	13			\$700.00
		reditor's Name			•						Ψ100.00
				When w	as the debt	incurred?					<u>—</u>
	PO Box 7	, NC 28272-0886									
		et City State Zlp Code		As of the	e date you	file, the claim	is: Ch	eck all that apply			
		d the debt? Check one.			•	,		,			
	■ Debtor 1 o	only		☐ Conti	ngent						
	Debtor 2	only		Unliq	-						
	_	and Debtor 2 only		Dispu							
		ne of the debtors and and	other			ITY unsecure	ed clair	m:			
		this claim is for a comm			ent loans						
	debt	and olaim is for a collin	y	☐ Oblia	ations arisin	g out of a sepa	aration	agreement or div	vorce that	you did not	t
	Is the claim	subject to offset?			priority clai			J			
	■ No			☐ Debts	s to pension	or profit-sharin	ng plar	ns, and other simi	ilar debts		
	☐ Yes			Othe	r. Specify						

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Debtor	1 TETER, MAHLON	Case number	(if know)
4.2	Diversified Consultants, Inc Nonpriority Creditor's Name	Last 4 digits of account number 6948	\$25.00
	Nonpholity Orealors Name	When was the debt incurred?	
	PO Box 551268		
	Jacksonville, FL 32255-1268		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that	арріу
	_	_	
	Debtor 1 only	Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement	or divorce that you did not
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other	er similar debts
	Yes	Other. Specify	
4.3	Elastic	Last 4 digits of account number	\$2,300.00
	Nonpriority Creditor's Name		
	DO D. 050070	When was the debt incurred?	
	PO Box 950276 Louisville, KY 40295-0276		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that	apply
	Who incurred the debt? Check one.	,	-117
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only		
		☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement report as priority claims	or divorce that you did not
	■ No	☐ Debts to pension or profit-sharing plans, and other	or similar debts
		<u> </u>	
	Yes	Other. Specify	
4.4	Fingerhut	Last 4 digits of account number 9164	\$650.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	6250 Ridgewood Rd		
	Saint Cloud, MN 56395-2001		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that	apply
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement	or divorce that you did not
	Is the claim subject to offset?	report as priority claims	
	No	lacksquare Debts to pension or profit-sharing plans, and other	er similar debts
	Yes	Other. Specify	

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Debtor	1 TETER, MAHLON	Case number (f know)	
4.5	Frontier Communications Nonpriority Creditor's Name	Last 4 digits of account number 8155	\$400.00
	Nonpholity ordators Name	When was the debt incurred?	
	PO Box 20550		
	Rochester, NY 14602-0550	As at the data way file the plain in Obesia all that each	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_	П	
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
		_	
	Yes	Other. Specify	
4.6	Montgomery Ward	Last 4 digits of account number 1290	\$500.00
	Nonpriority Creditor's Name	When was the debt incorred?	
	1112 7th Ave	When was the debt incurred?	
	Monroe, WI 53566-1364		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.7	Republic Bank & Trust Co Nonpriority Creditor's Name	Last 4 digits of account number	\$2,500.00
	Nonphonty Creditor's Name	When was the debt incurred?	
	PO Box 950276		
	Louisville, KY 40295-0276	_	
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	

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Debto	r1 TETER, MAHLON	Case number (f know)	
4.8	SYNCB/Care Credit Nonpriority Creditor's Name	Last 4 digits of account number 4347	\$1,200.00
	Nonpholity Creditor's Name	When was the debt incurred?	
	PO Box 960061		
	Orlando, FL 32896-0061 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	_	-	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.9	USAA Fodoral Sovings Bank	Last 4 digits of account number 5680	¢7,000,00
4.9	USAA Federal Savings Bank Nonpriority Creditor's Name	Last 4 digits of account number 5680	\$7,000.00
		When was the debt incurred?	
	10750 McDermott Fwy		
	San Antonio, TX 78288-0002 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam is. Oncok an that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4 10	Varian Wireless	Last 4 digits of account number 0001	\$24F.00
4.10	Verizon Wireless Nonpriority Creditor's Name	Last 4 digits of account number 0001	\$315.00
	• •	When was the debt incurred?	
	PO Box 660108		
	Dallas, TX 75266-0108 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Check an that apply	
	Debtor 1 only	Пол	
		☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	<u> </u>	
	∟ 1€5	Other Specify	

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Auto Wards	Debtor	1 TETER, N	MAHLON		Case	number (know)			
Number Shoot City State Zip Code				Last 4 digits of account number				\$600.00		
Debtor 1 and Debtor 2 only		Nonpriority Cred	ditor's Name	When was the debt incurred?						
Debtor 1 only	-		•	As of the date you file, the claim	is: Ched	ck all that ap	pply			
Debtor 2 and Debtor 2 only Deptor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: State of the debtors and another Check If this claim is for a community debt State of the debtors and another Check If this claim is for a community debt State of the debtors and another Check If this claim is of a separation or profit-sharing plane, and other similar debts State of the debt in control or profit or profit sharing plane, and other similar debts State of the debt in control or profit sharing plane, and other similar debts State of the debt in control or profit sharing plane, and other similar debts State of the debt in control or profit sharing plane, and other similar debts State of the debt in control or profit sharing plane, and other similar debts State of the debt in control or profit sharing plane, and other similar debts State of the debt in control or profit sharing plane, and other similar debts State of the debtors and another State or of the debtors and another Debtor 2 only Debtor		_		Contingent						
Debtor 1 and Debtor 2 only Disputed			•	_						
At least one of the debtors and another Check it this claim is for a community debt Student loars Check it this claim is for a community debt Student loars Check it this claim subject to offset? Student loars Check part of the second of t		_	•	_ '						
debt Is the claim subject to offset? Collegations arising out of a separation agreement or divorce that you did not report as priority claims		_	·	•	d claim:	:				
Check this claim subject to offset? Check one.		☐ Check if thi	s claim is for a community	☐ Student loans						
Ves		debt	·		aration a	greement o	r divorce that you did not			
Ves Ves Conter, Specify Ves		_	bject to offset?	<u></u>	na plane	and other	similar dobts			
Nonpriority Creditor's Name PO Box 51193 Los Angeles, CA 90051-5493 Number Sireet City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 5 and Debtor 6 and Debtor 2 only Debtor 5 and Debtor 6 and Debtor 6 and Debtor 6 only Debtor 6 and Debtor 7 and Debtor 7 and Debtor 7 only Debtor 7 and Debtor 8 and another Debtor 8 and Debtor 9 only Debtor 9 on		_		·	ng pians	, and other	sirillar debis			
Nonpriority Creditor's Name PO Box 51193 Los Angeles, CA 90051-5493 Number Sireet City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 5 and Debtor 6 and Debtor 2 only Debtor 5 and Debtor 6 and Debtor 6 and Debtor 6 only Debtor 6 and Debtor 7 and Debtor 7 and Debtor 7 only Debtor 7 and Debtor 8 and another Debtor 8 and Debtor 9 only Debtor 9 on										
PO Box 51193 Los Angeles, CA 90051-5493 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only	4.12	Wells Fargo Nonpriority Cred	citor's Name	-	258	8		\$3,500.00		
Los Angeles, CA 90051-5493 As of the date you file, the claim is: Check all that apply Number Street City State 2ip Code Who incurred the debt? Check one. Contingent Conting		DO D 544	100	When was the debt incurred?						
Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent										
Debtor 1 only		Number Street (City State ZIp Code	As of the date you file, the claim	is: Ched	ck all that ap	pply			
Debtor 2 only		_		☐ Contingent						
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? Debtor as priority claims Debtor as personal or profit-sharing plans, and other similar debts Debtor as priority claims Debtor as priori		_	•	_						
At least one of the debtors and another Check if this claim is for a community debt Student loans Stud		_	•	· ·						
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		6i.		secured claims. Write that amount	6i.	\$				

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Debtor 1 TETER, MAHLON

Case number (if know)

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **19,690.00**

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Fill in this inform					
Debtor 1	MAHLON TETER				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	kruptcy Court for the:	DISTRICT OF NEVADA	, RENO DIVISION		
Case number					☐ Check if this is an
					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person o	r company with Name, Number	whom you have the , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1			. , ,,		
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					<u></u>
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.3	Oity		Otate	Zii Code	
2.0	Name				
	Number	Street			
	City		State	ZIP Code	
2.4	Oity		Olalo	211 0000	
	Name				_
	Number	Street			<u> </u>
	City		04-4-	710.0-1-	<u> </u>
2.5	City		State	ZIP Code	
2.0	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

Official Form 106G

Case 16-50893-btb Doc 1 Entered 07/18/16 17:44:02 Page 28 of 39

Fill in this	information to identify your case:	
Debtor 1	MAHLON TETER First Name Middle Name Last Name	
Debtor 2		
(Spouse if, fi	ng) First Name Middle Name Last Name	
United St	ttes Bankruptcy Court for the: DISTRICT OF NEVADA, RENO DIVISION	
Case nun	ber	
(if known)		Check if this is an amended filing
		amended filling
Officia	I Form 106H	
Sche	lule H: Your Codebtors	12/15
1. Do 1. Do No Ye 2. Wi Califo	egether, both are equally responsible for supplying correct information. If more space is needed, correct the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Page to	lditional Pages, write your name and
	In which community state or territory did you live? Fill in the name a	and current address of that person.
line 2 106D	Name of your spouse, former spouse, or legal equivalent Number, Street, City, State & Zip Code umn 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the companies of the	creditor on Schedule D (Official Form
Colu	nn 2.	
	Column 1: Your codebtor Name, Number, Street, City, State and ZIP Code Check all schedul	editor to whom you owe the debt les that apply:
3.1	☐ Schedule D, lir	ne
	Name ☐ Schedule E/F,	
	☐ Schedule G, lii	ne
	Number Street City State ZIP Code	
		
3.2	Name Schedule D, lir	
	☐ Schedule C/r,	
	Number Street	
	City State ZIP Code	

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Fill	in this information to identify your ca	se.				1			
	otor 1 MAHLON TE								
1 -	otor 2 ouse, if filing)				_				
Uni	ted States Bankruptcy Court for the:	DISTRICT OF NEVAL	DA, RENO DIVISION	l	_				
	se number nown)		-				ed filing ent showin	g postpetition o	chapter 13
\bigcirc	fficial Form 106l						of the follo	wing date:	
	chedule I: Your Inco	nma				MM / DD/	YYYY		12/15
sup spo	as complete and accurate as possiplying correct information. If you ause. If you are separated and your chaseparate sheet to this form. Out 1:	re married and not filin spouse is not filing wit	g jointly, and your h you, do not inclu	spouse is de informa	livir atior	ng with you, inclu about your spo	ide informa use. If mor	ation about you e space is ne	our eded,
1.	Fill in your employment information.		Debtor 1			Debtor	2 or non-fi	iling spouse	
	If you have more than one job, attach a separate page with information about additional	Form to construct a to to cons	■ Employed			☐ Emp	☐ Employed		
		Employment status	☐ Not employed			☐ Not	☐ Not employed		
	employers. Include part-time, seasonal, or	Occupation	Patient Finance	ial Assis	tan	t 			
	self-employed work.	Employer's name	Renown Healt	h					
	Occupation may include student of homemaker, if it applies.	Employer's address	1155 Mill St Reno, NV 89502-1576						
		How long employed the	nere? 6 mor	ths					
	mate monthly income as of the da		ou have nothing to re	port for any	y line	e, write \$0 in the sp	pace. Includ	le your non-filir	ng spouse
If yo	ss you are separated. u or your non-filing spouse have more be, attach a separate sheet to this forr		bine the information f	or all emplo	oyers	for that person or	n the lines b	elow. If you ne	ed more
орис	os, altaon a soparate sheet to this for					For Debtor 1		btor 2 or ing spouse	
2.	List monthly gross wages, salary deductions). If not paid monthly, ca			2.	\$	2,896.40	\$	N/A	
3.	Estimate and list monthly overting	ne pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add line	e 2 + line 3.		4.	\$	2,896.40	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	TETER, MAHLON	_	(Case	number (<i>if kno</i>	wn)				
						Debtor 1		non-fil	ebtor 2 d ling spo	use	
	Cop	y line 4 here	4.		\$_	2,896.	<u>40</u>	\$		N/A	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a		\$_	514.	74	\$		N/A	_
	5b.	Mandatory contributions for retirement plans	5b		\$_		00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c		\$_	0.0		\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$_		00	\$		N/A	
	5e.	Insurance	5e		\$_	0.0		\$		N/A	=
	5f.	Domestic support obligations Union dues	5f.		\$ \$	0.0		\$		N/A	-
	5g. 5h.		5g 5h		\$ _	0.0		+ \$		N/A	-
	JII.	Other deductions. Specify: 401k CAFEteria		1.∓	\$ -	144.8		΅\$——		N/A N/A	-
		Dental			\$ -		66	\$		N/A	-
		AD&D			<u>\$</u> —		42	\$		N/A	-
		Life			<u>*</u> -	12.		\$		N/A	-
6.	Ado	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.		* — \$	686.7		\$		N/A	-
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ —	2,209.0		\$		N/A	•
9.	8a. 8b. 8c. 8d. 8e. 8f.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: VA DISABILITY Pension or retirement income Other monthly income. Specify:	8a 8b 8c 8d 8e 8f. 8g 8h). 	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.0 0.0 0.0 130.0	00 00 00 00 00 00	\$\$ \$\$ \$\$		N/A N/A N/A N/A N/A N/A	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10.	\$_	:	2,339.63 +	\$_		N/A =	\$_	2,339.63
11.	Stat Incli othe Do r Spe	the entires in line 10 for Debtor 1 and Debtor 2 of Nort-Ining spouse. The all other regular contributions to the expenses that you list in Schedule and econtributions from an unmarried partner, members of your household, your dear friends or relatives. The include any amounts already included in lines 2-10 or amounts that are not avoiding: The amount in the last column of line 10 to the amount in line 11. The reserved	depende vailable	to p	pay e	xpenses liste	ed in	Schedule —		-\$ 	0.00
12.		e that amount on the Summary of Schedules and Statistical Summary of Certain							12. \$	ombir	2,339.63 red
13.	Do :	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	1?								y income

Fill	in this informa	ation to identify yo	our case:			1		
Deb		MAHLON TE				Che	eck if this is:	
		WALLOW	ILIX				An amended filing	
Debt	tor 2 buse, if filing)						A supplement sho expenses as of the	owing postpetition chapter 13
(Opc	ouse, ii iiiiig)							e rollowing date.
Unite	ed States Bank	ruptcy Court for the	: DISTR	CT OF NEVADA, RENO D	IVISION		MM / DD / YYYY	_
	e number nown)							
Of	ficial Fo	orm 106J						
So	chedule	J: Your I	<u>Ex</u> per	ises				12/15
info	rmation. If m		eded, atta	If two married people are ch another sheet to this fo				r supplying correct our name and case number
Par		ribe Your House	hold					
1.	Is this a joi							
	■ No. Go to	o line 2. e s Debtor 2 live i i	n a conar	ata hausahald?				
			ii a sepaia	ite nousenoiu :				
			st file Offic	al Form 106J-2, Expenses f	or Separate Househ	noldof Debt	or 2.	
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.					_	_ Yes
								□ No □ Yes
					-		_	_
								☐ Yes
								_ □ No
•	D		_					_ Pes
3.	expenses of	penses include of people other the od your depender	nan _—	No I Yes				
		nate Your Ongoi						
ехр				uptcy filing date unless yo r is filed. If this is a supple				
				government assistance if yed it on Schedule I: Your I				
	icial Form 10		ve morau	a it on senedale i. Four il	ncome		Your ex	penses
4.		or home ownersl nd any rent for the		ses for your residence. Ind	clude first mortgage	4.	\$	701.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
		erty, homeowner's	, or renter's	s insurance		4b.	: ———	0.00
	4c. Home	e maintenance, re	pair, and i	upkeep expenses		4c.	\$	0.00
_		eowner's associati					\$	0.00
5.	Additional i	mortgage payme	ents for yo	our residence, such as hom	ne equity loans	5.	\$	0.00

	TETER, MAHLON C	ase num	,	
Utilit	ties:			
6a.	Electricity, heat, natural gas	6a.	\$	100.00
6b.	Water, sewer, garbage collection	6b.	\$	55.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	85.00
6d.	Other. Specify: Cell	6d.	\$	125.00
Foo	d and housekeeping supplies	_ _{7.}	\$	350.00
Chile	dcare and children's education costs	8.	\$	0.00
Clot	hing, laundry, and dry cleaning	9.	\$	76.00
Pers	sonal care products and services	10.	\$	34.00
	ical and dental expenses	11.	\$	54.00
	nsportation. Include gas, maintenance, bus or train fare.			
	not include car payments.	12.	\$	250.00
Ente	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	120.00
Cha	ritable contributions and religious donations	14.	\$	100.00
Insu	rance.		-	
	not include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	85.00
15d.	Other insurance. Specify:	15d.	\$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.	_	-	2.00
Spec	cify:	_ 16.	\$	0.00
	allment or lease payments: Car payments for Vehicle 1	17a.	\$	280.00
	Car payments for Vehicle 2	17b.	·	
	• •	17b.	·	0.00
	Other. Specify:	_	·	0.00
	Other. Specify:	_ 17d. _	Ф	0.00
	r payments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	er payments you make to support others who do not live with you.	10.	\$	0.00
Spec		19.	Ψ	0.00
	er real property expenses not included in lines 4 or 5 of this form or on Schedule		r Income.	
20a.		20a.		0.00
20b.	Real estate taxes	20b.	\$	0.00
	Property, homeowner's, or renter's insurance	20c.	·	0.00
	Maintenance, repair, and upkeep expenses	20d.	·	0.00
	Homeowner's association or condominium dues	20e.	·	0.00
		21.	·	
	er: Specify: Auto Registration	_ 21.	·	15.00
Pet	Care	_	+\$	35.00
Calc	culate your monthly expenses			
22a.	Add lines 4 through 21.		\$	2,465.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	2,465.00
Calo	culate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2 220 62
	• • •	23a. 23b.	·	2,339.63
∠3D.	Copy your monthly expenses from line 22c above.	∠3D.	-\$	2,465.00
23c.	Subtract your monthly expenses from your monthly income.	00-	•	-125.37
	The result is your monthly net income.	23c.	\$	-125.37
For e	you expect an increase or decrease in your expenses within the year after you fil example, do you expect to finish paying for your car loan within the year or do you expect your motification to the terms of your mortgage?			se or decrease because of

Yes.

Explain here: Debtor is currently looking to finance a new vehicle. The auto payment on Sch J is the estimated payment.

ill in this inforn					
Debtor 1	MAHLON TETER				
	First Name	Middle Name	Last Name		
Debtor 2 Spouse if, filing)	First Name	Middle Name	Last Name		
Inited States Ba	nkruptcy Court for the:	DISTRICT OF NEVADA	, RENO DIVISION		
ase number					
known)				-	Check if this is an amended filing
official Forn	n 106Dec				
Declarat	ion About a	an Individual	Debtor's Sche	edules	12/15
taining money	s form whenever you fi	le bankruptcy schedules n connection with a bank	sible for supplying correct inf or amended schedules. Makir ruptcy case can result in fines	ng a false statement, concea	
etaining money ars, or both. 18	s form whenever you fi or property by fraud in	le bankruptcy schedules n connection with a bank	or amended schedules. Makir	ng a false statement, concea	
etaining money ears, or both. 18 Sign	s form whenever you fit or property by fraud in 8 U.S.C. §§ 152, 1341, 1	le bankruptcy schedules n connection with a bank 519, and 3571.	or amended schedules. Makir	ng a false statement, concea up to \$250,000, or imprison	
etaining money ears, or both. 18 Sign	s form whenever you fit or property by fraud in 8 U.S.C. §§ 152, 1341, 1	le bankruptcy schedules n connection with a bank 519, and 3571.	or amended schedules. Makir ruptcy case can result in fines	ng a false statement, concea up to \$250,000, or imprison	
Sign Did you pay	s form whenever you fit or property by fraud in 8 U.S.C. §§ 152, 1341, 1	le bankruptcy schedules n connection with a bank 519, and 3571.	or amended schedules. Makir ruptcy case can result in fines	ng a false statement, concea up to \$250,000, or imprison	nment for up to 20
Did you pay No Yes. N	s form whenever you fit or property by fraud it is U.S.C. §§ 152, 1341, 19 in Below y or agree to pay some	le bankruptcy schedules n connection with a bank 519, and 3571.	or amended schedules. Makir ruptcy case can result in fines	ng a false statement, concease up to \$250,000, or imprison on the statement of the statemen	nment for up to 20
Did you pay No Yes. N Under penal that they are	s form whenever you fit or property by fraud in B U.S.C. §§ 152, 1341, 19 in Below y or agree to pay some Name of person Ity of perjury, I declare extrue and correct.	le bankruptcy schedules n connection with a bank 519, and 3571.	or amended schedules. Making ruptcy case can result in fines the second res	ng a false statement, concease up to \$250,000, or imprison ptcy forms? Attach Bankruptcy Petitic Declaration, and Signatu	nment for up to 20
Did you pay No Yes. N Under penal that they are MAHLO	s form whenever you fit or property by fraud in B U.S.C. §§ 152, 1341, 13 in Below y or agree to pay some Name of person Ity of perjury, I declare e true and correct.	le bankruptcy schedules n connection with a bank 519, and 3571.	or amended schedules. Making ruptcy case can result in fines the second res	ng a false statement, concease up to \$250,000, or imprison ptcy forms? Attach Bankruptcy Petitic Declaration, and Signatu	nment for up to 20

Fill in this informa	ation to identify your	case:				
Debtor 1	MAHLON TETER					
Debtor 2	First Name	Middle Name		Last Name		
(Spouse if, filing)	First Name	Middle Name		Last Name		
United States Ban	kruptcy Court for the:	DISTRICT OF NE	VADA, RENO [DIVISION		
Case number						☐ Check if this is an amended filing
Official For Statemen		n for Indiv	viduals	Filing Under	Chapter	7 12/15
	idual filing under chap claims secured by you	-	out this form i	:		
■ you have lease You must file this	ed personal property a form with the court wi er is earlier, unless the	nd the lease has no thin 30 days after y	, ou file your ba			the meeting of creditors, litors and lessors you list on
	pple are filing together the form.	in a joint case, botl	h are equally re	esponsible for supplying	correct informa	ation. Both debtors must sign
	nd accurate as possibl ur name and case num		needed, attach	a separate sheet to this	form. On the to	p of any additional pages,
Part 1: List You	ur Creditors Who Have	Secured Claims				
1. For any creditor information belo		rt 1 of Schedule D:	Creditors Who	Have Claims Secured b	y Property (Offi	cial Form 106D), fill in the
	ditor and the property the	hat is collateral	What do you secures a de	i intend to do with the prebt?	operty that	Did you claim the property as exempt on Schedule C?
Creditor's Al	ly Financial		■ Surrender	the property.		■ No
name:				e property and redeem it.	D ("'	☐ Yes
Description of	2014 Hyundai Elar		Agreeme	property and enter into a Int.	Reattirmation	L Tes
property securing debt:	Sedan (2.0L 4cyl 6	SA)	☐ Retain the	property and [explain]:		
Creditor's Do	ovenmuehle Mortga	ige Inc	☐ Surrender	the property.		□ No
name:	J	•		e property and redeem it.		_
Description of	732 BOWLES LAN	IF.	☐ Retain the Agreeme	property and enter into a I	Reaffirmation	■ Yes
property	GARDNERVILLE,		_	property and [explain]:		
securing debt:	89460-8119			d pay pursuant to co	ntract	
Day O. History	on the coming 4 Decree	Duamantus				
For any unexpired		se that you listed i				ases (Official Form 106G), fill in

may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1 TETER, MAHLON	Case number (if known)
	□ No
Description of leased Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention about any property that is subject to an unexpired lease.	property of my estate that secures a debt and any personal
X /s/ Mahlon Teter X	
MAHLON TETER Signature of Debtor 1	gnature of Debtor 2
Date July 18, 2016 Date	

Case 16-50893-btb Doc 1 Entered 07/18/16 17:44:02 Page 36 of 39

United States Bankruptcy Court District of Nevada, Reno Division

IN RE:		Case No	
TETER, MAHLON		Chapter 7	
	Debtor(s)	<u> </u>	
	VERIFICATION OF CREDITO	R MATRIX	
The above named debtor(s) hereby	verify(ies) that the attached matrix listing	ng creditors is true to the best of my(our) knowledge.	
Date: July 18, 2016	Signature: /s/ Mahlon Teter		
	Mahlon Teter	Debtor	
Date:	Signature:		
		Joint Debtor, if any	

ALLY FINANCIAL PO BOX 380905 BLOOMINGTON, MN 55438-0905

CAPITAL ONE
PO BOX 70886
CHARLOTTE, NC 28272-0886

DIVERSIFIED CONSULTANTS, INC PO BOX 551268

JACKSONVILLE, FL 32255-1268

DOVENMUEHLE MORTGAGE INC 1 CORPORATE DR STE 360 LAKE ZURICH, IL 60047-8945

ELASTIC PO BOX 950276 LOUISVILLE, KY 40295-0276

FINGERHUT 6250 RIDGEWOOD RD SAINT CLOUD, MN 56395-2001

FRONTIER COMMUNICATIONS
PO BOX 20550
ROCHESTER, NY 14602-0550

MONTGOMERY WARD 1112 7TH AVE MONROE, WI 53566-1364

REPUBLIC BANK & TRUST CO PO BOX 950276 LOUISVILLE, KY 40295-0276

SYNCB/CARE CREDIT PO BOX 960061 ORLANDO, FL 32896-0061

USAA FEDERAL SAVINGS BANK 10750 MCDERMOTT FWY SAN ANTONIO, TX 78288-0002

VERIZON WIRELESS PO BOX 660108 DALLAS, TX 75266-0108

WELLS FARGO CARD SERVICES PO BOX 51193 LOS ANGELES, CA 90051-5493 B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of Nevada, Reno Division

In re	e TETER, MAHLON	,	Case N	O.		
		Debtor(s)	Chapte			
	DISCLOSURE OF COM	MPENSATION OF ATTO	RNEY FOR	R DEBTOR		
	rsuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that impensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:					
	For legal services, I have agreed to accept		\$	1,700.00		
	Prior to the filing of this statement I have recei			0.00		
	Balance Due		\$	1,700.00		
2.	The source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
3. Th	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.					
	☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the				ny law firm. A	
5.	return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	 a. Analysis of the debtor's financial situation, and r b. Preparation and filing of any petition, schedules, c. Representation of the debtor at the meeting of cr d. [Other provisions as needed] Fees will be paid post-filing 	, statement of affairs and plan which	ch may be required	d;	oankruptcy;	
6.	By agreement with the debtor(s), the above-disclose	ed fee does not include the followir	ng service:			
		CERTIFICATION				
	I certify that the foregoing is a complete statement obankruptcy proceeding.	of any agreement or arrangement for	or payment to me	for representation of t	he debtor(s) in	
J	July 18, 2016	/s/ Patricia Hadfie	eld			
Date		Patricia Hadfield Signature of Attorne Bankruptcy Law	ey			
		1851 Heritage Ln Sacramento, CA (775) 827-9600 F patriciah@bankro Name of law firm	95815-4923 Fax: (888) 843-7	'260		